



UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 03500.017597. First Named Inventor or Application Identifier MASAKI MIZUTANI Express Mail Label No.
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
<div style="display: flex; flex-wrap: wrap;"><div style="width: 50%;"><p>1. <input type="checkbox"/> Fee Transmittal Form <small>(Submit an original, and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p><p>3. <input checked="" type="checkbox"/> Specification Total Pages <input type="text" value="20"/></p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets <input type="text" value="2"/></p><p>5. <input type="checkbox"/> Oath or Declaration Total Pages <input type="text"/></p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small></p><div style="margin-left: 20px;"><p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p></div></div></div><div style="width: 50%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</p><p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small></p><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on:</p><div style="margin-left: 20px;"><p>i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</p><p>ii. <input type="checkbox"/> paper</p></div></div><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></div>		<div style="border: 1px solid black; padding: 5px;">ACCOMPANYING APPLICATION PARTS<p>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</p><p>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></p><p>11. <input type="checkbox"/> English Translation Document <small>(if applicable)</small></p><p>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p><p>13. <input type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p><p>16. <input type="checkbox"/> Other: _____</p></div>
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:</p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Continuation</div><div><input type="checkbox"/> Divisional</div><div><input type="checkbox"/> Continuation-in-part (CIP)</div></div> <p><small>Prior application information: Examiner _____ of prior application No. ____/____ Group/Art Unit: _____</small></p> <p><small>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can <u>only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small></p>		
18. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<div style="text-align: center;">05514 <small>(Insert Customer No. or Attach bar code label here)</small></div>
		or <input type="checkbox"/> Correspondence address below
NAME		
Address		
City	State	Zip Code
Country	Telephone	Fax

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	13-20 =	0	X \$ 18.00 =	\$ -0-
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 84.00 =	\$ -0-
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$ -0-
				BASIC FEE (37 CFR 1.16(a))	\$ 750.00
	Total of above Calculations =				\$ 750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
	TOTAL =				\$ 750.00

19. Small entity status

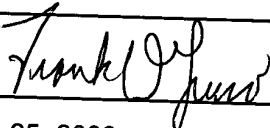
- a. ☐ A small entity statement is enclosed
- b. ☐ A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c. ☐ Is no longer claimed.

20. ☒ A check in the amount of \$ 750.00 to cover the filing fee is enclosed.

21. ☐ A check in the amount of \$ _____ to cover the recordal fee is enclosed.

22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:

- a. ☒ Fees required under 37 CFR 1.16.
- b. ☒ Fees required under 37 CFR 1.17.
- c. ☐ Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Frank DeLucia (Reg. No. 42,476)
SIGNATURE	
DATE	September 25, 2003